

PATENT IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Sato et al.

Group Art Unit: 1711

Serial No.: 09/242,525

Examiner: Sergeant, R.

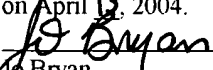
Filed: 02/17/99

Docket No.: Docket: 11301-1480

For: PROCESS FOR THE PREPARATION OF
URETHANE RESINS AND URETHANE RESIN
COMPOSITIONS

Confirmation No.: 1170

I hereby certify that this correspondence is being sent by facsimile
to Examiner Rabon Sergeant at 703-872-9310
on April 13, 2004.


J. Bryan

AMENDMENT

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a Response to the nonfinal Office Action of March 15, 2004.

It is not believed that extensions of time or fees for net addition of claims are required, beyond those that may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Sato, et al.

Docket No.

11301-1480

Serial No.
09/242,525

Filing Date
2/17/99

Examiner
R. Sergeant

Confirmation No.
1170

Group Art Unit
1711

Invention: **PROCESS FOR THE PREPARATION OF URETHANE RESINS AND URETHANE RESIN COMPOSITIONS**

Commissioner for Patents
Mail Stop NON FEE AMENDMENT
P.O. Box 1450
Alexandria VA 22313-1450


Transmitted herewith is Amendment in the above-identified application.

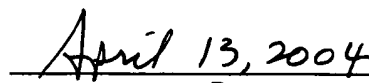
The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	45 =	0	X \$18.00	\$0
INDEP. CLAIMS	1 -	20 =	0	X \$86.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required for the Amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this page is enclosed.


George M. Thomas, Reg. No. 22,260


Date